

# healthwatch

Central West London

## Sex and Relationship Education Report

April 2014



## Executive Summary

The Healthwatch Central West London Sex and Relationship Education report assesses young people's experiences of sex and relationship education, their ideas of how they want sex and relationship education to be delivered and their knowledge of sexual health services.

Healthwatch Central West London worked with young people and young people's organisations to design and disseminate a questionnaire that could be completed by young people, the questionnaire was also disseminated through Facebook, Twitter and e-mail distribution lists.

This report is coming at an important time as sexual health remains a priority for the Tri-Borough Public Health team and comes only one year after a report by Ofsted revealed that over a third of schools across England are failing to provide appropriate sex and relationship education.<sup>1</sup>

### Sample of findings:

- Just under a fifth of respondents (18%) said they had not received or did not know if they had received sex and relationship education.
- A strong majority of respondents (72%) want some involvement from external organisations in delivering their sex and relationship education.
- Respondents indicated they wanted a wide range of topics included in sex and relationship education, including domestic violence, emotional support, sexuality and female genital mutilation (FGM).
- The report identified some significant gaps in respondents knowledge of sexual health services, including a lack of knowledge of where to access free condoms (44%), emergency contraception (63%) and support around healthy relationships and domestic violence (78%).
- We found no significant difference when results were filtered for ethnicity.

### Sample of recommendations:

- Consider what role external providers can have in delivering sex and relationship education, in light of young peoples expressed wishes to have external provision.
- Consider giving more prominence to information around healthy relationships and domestic violence in sex and relationship education.

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<sup>1</sup> [Not yet good enough: personal, social, health and economic education in schools, 2013](#)

- Utilise all available information forms/pathways that young people also use to spread key messages around sexual health and healthy relationships, e.g. websites, youth clubs etc.

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## 1. Introduction

Healthwatch Central West London is a new, independent charity and membership organisation working to ensure your voice counts when it comes to shaping and improving local health and care services. We currently support over 4,500 people who live, work and/or use services in Hammersmith and Fulham, Kensington and Chelsea and Westminster.

We aim to empower and represent the diverse communities of our boroughs to engage, provide evidence and influence the planning and delivery of publicly-funded health and social care services. Our services should meet our needs. We also provide information to help people access and make choices about their health and wellbeing services.

As part of our work Healthwatch organises and supports project groups in key priority areas each year, this year one of those priority areas was young people and sexual health. Our young people and sexual health project group has been meeting bi-monthly since September and is made up of young people, representatives of sexual health services and representatives of young people's services. The group identified the key areas of concern/interest that drove this piece of research.

## 2. Aims and objectives

Members of the young people and sexual health project group expressed concerns around sex and relationship education provision, particularly in Hammersmith and Fulham, there were concerns that it was not working as well as it had in the past especially around signposting to services, and that the future of sex and relationship education provision in Hammersmith and Fulham was uncertain. As a result of these discussions the project group agreed to undertake a research project with local young people with the following objectives:

- To identify what sex and relationship education young people are receiving.
- How young people rate the quality and content of the sex and relationship education they are receiving.
- To identify what topics young people think sex and relationship education should cover.
- To identify how young people think sex and relationship education should engage with them.
- To identify key gaps in knowledge young people have around sexual health and sexual health services.
- To identify where young people currently get their information about sexual health and sexual health services

### 3. Local picture/context

Poor sexual health has been identified as a key local concern across Hammersmith and Fulham, Kensington and Chelsea and Westminster. Kensington and Chelsea has the 14<sup>th</sup> (out of 326 local authorities) highest rate of sexually transmitted infections, Westminster has the 10<sup>th</sup> highest rate and Hammersmith and Fulham the 4<sup>th</sup> highest rate<sup>2</sup>. The percentage of sexually transmitted infections affecting young people (15-24 years old), 34% in Hammersmith and Fulham, is also relatively high, compared to the rest of London and England<sup>3</sup>. In addition the under 18 conception rates are higher in Hammersmith and Fulham than the rest of London, 42.6 per 1000 15-17 year old girls<sup>4</sup>.

Added to the local picture of poor sexual health was a concern that a previously commissioned sex and relationship education (SRE) provision, delivered by Tender, was coming to an end in March 2014 with uncertainty over what would replace this provision. On a national level concerns about sex and relationship provision were raised by an OFSTED report in May 2013 that looked at the whole range of personal, health, social and economic education, the report indicated that too much emphasis was placed on the mechanics of reproduction rather than the importance of healthy sexual relationships, it also highlighted the lack of pornography and sexuality as topics as an area of concern as well as the lack of expertise of teachers in teaching sex and relationship topics.<sup>5</sup>

Of additional local context is the End FGM European campaign that has gained prominence recently, this campaign is lead my Amnesty International Ireland and works with other organisations to put the issue of female genital mutilation (FGM) high on schools agendas. This should be of particular interest as Hammersmith and Fulham has a relatively high prevalence of communities at risk of FGM<sup>6</sup> and local concerns have been raised about the lack of FGM as a topic in sex and relationship education.

It is clear that local statutory bodies recognise the importance of addressing sexual health and young people's sexual health in particular, the local Health and Well Being Board in Hammersmith and Fulham and the Tri-Borough

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<sup>2</sup> [Sexual Health JSNA, 2013](#)

<sup>3</sup> [Sexual Health JSNA, 2013](#)

<sup>4</sup> [Sexual Health JSNA, 2013](#)

<sup>5</sup> [Not yet good enough: personal, social, health and economic education in schools, 2013](#)

<sup>6</sup> [Sexual Health JSNA, 2013](#)

public health team both have sexual health as a key priority<sup>7</sup>. In recognition of the local picture and local priorities Healthwatch Central West London committed itself to raising the experiences, views and voices of local young people on the issue of SRE provision.

## **4. Methodology**

We collected information from young people in two ways

### **1. Survey**

The young people and sexual health project group designed a questionnaire this was distributed to young people in a variety of ways, through outreach by Healthwatch staff to youth clubs / youth centres, through Facebook and twitter, through the Healthwatch CWL website, through the Healthwatch “Opportunity Of The Week” E-mail, through the healthy schools partnership newsletter. The questionnaire consisted of 33 questions, and we received 146 responses to the questionnaire, see appendix 1 for all the survey questions.

### **2. Focus groups**

Healthwatch staff also conducted several small focus groups at various outreach events, participants were asked to talk about the sex and relationship education they had received and what they thought would have made it better. We had a total of 35 participants in our focus groups, see appendix 2 for all focus group questions.

All research took place between November 2013 and February 2014 with a total of 181 young people participating in the study.

## **5. Findings and analysis - Survey**

### **5.1 Respondent demographics**

Of the 146 respondents who completed the questionnaire 140 agreed to give equalities data, participants were given the option to provide any or all of the following:

- Age
- Gender
- Sexuality

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<sup>7</sup> [London Borough of Hammersmith and Fulham Health and Well Being Strategy, 2013-2015](#)

- Ethnicity

From the 25 people we collected focus group information from the only equalities information we collected was age. Please see appendix 3 for all charts.

### **Age**

Of the 146 people who completed the questionnaire 140 gave their age and 6 declined, all respondents fell between 13 and 25 years old with 15 years old being the most common age (30.7%) and with over three quarters of respondents falling between 14 and 17 years old (76.7%).

### **Gender**

Of the 146 respondents 138 gave their gender and 8 declined, of those who gave their gender, slightly more respondents were male than female (52.9% compared to 47.1%).

### **Sexuality**

Of the 146 respondents 122 gave their sexuality and 24 declined, a large majority of respondents gave their sexuality as heterosexual (90.2%) a minority as homosexual (9.8%) and none as bisexual.

### **Ethnicity**

Of the 146 respondents, 127 gave their ethnicity and 19 declined, of those who gave their ethnicity, the largest group was White British (50.4%) followed by Black African (18.9%) and Black Caribbean (16.5%).

## **5.2 Looking back on use of sexual health services**

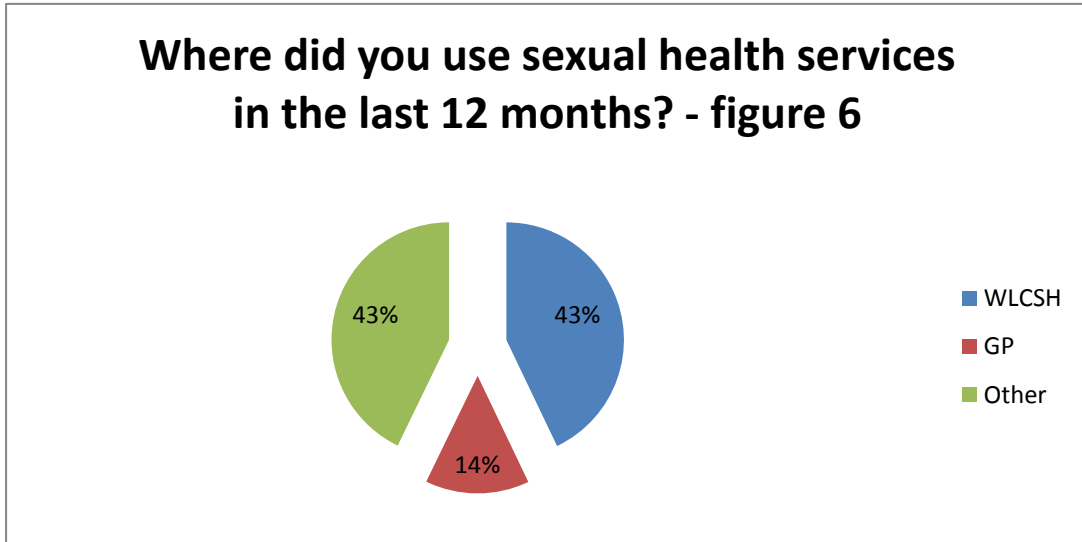
The first section of the questionnaire set out to ascertain what recent use respondents had made of sexual health services and what their experiences of using them had been. Some charts have been included in this section but for ease of reading some have been moved to appendix 4.

The questionnaire asked respondents if they had used any sexual health services in the last 12 months. As shown in figure 5 a minority (15.1%) of respondents answered that they had recently used sexual health services, the remainder (84.9%) responded that they had not used sexual health services recently.

Those who had answered yes to the previous question were then asked where they had used sexual health services in the last 12 months. As shown in figure 6 of the people who responded yes to, the two most popular



responses was the West London Centre for Sexual Health (42.9%), a much smaller number (14.3%) specified their GP. The other respondents specified the following: “The Naz project” “The Stowe Health Centre” “Boots” “Mattock Lane” “Sexual health services in Leicester” “Hammersmith Hospital”



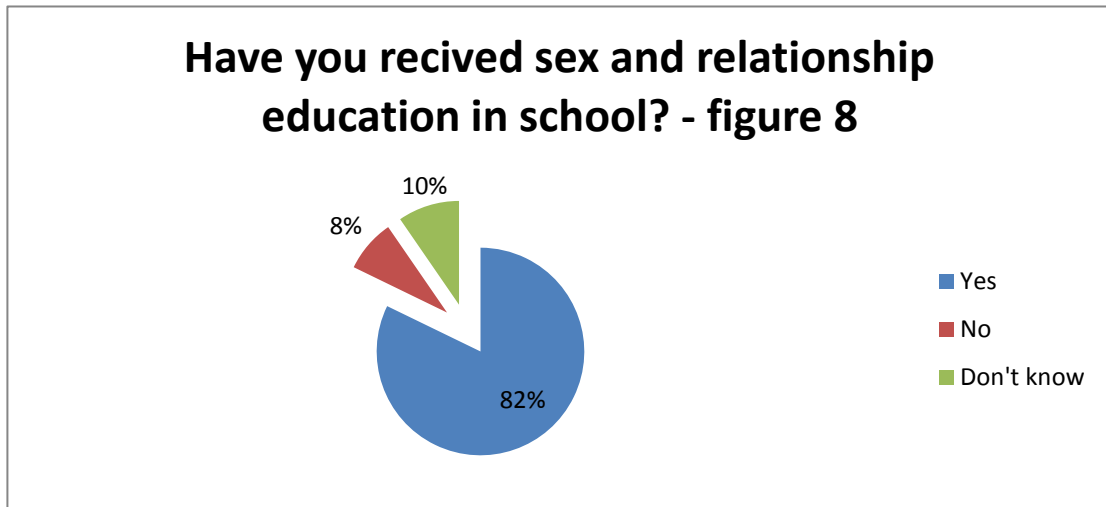
Feedback given about these services in the survey was generally very good, one respondent commented that the West London Centre for Sexual Health was particularly good on cultural sensitivity, though one respondent commented on the long waiting times at the West London Centre for Sexual Health.

## **5.2 Experiences of sex and relationship education.**

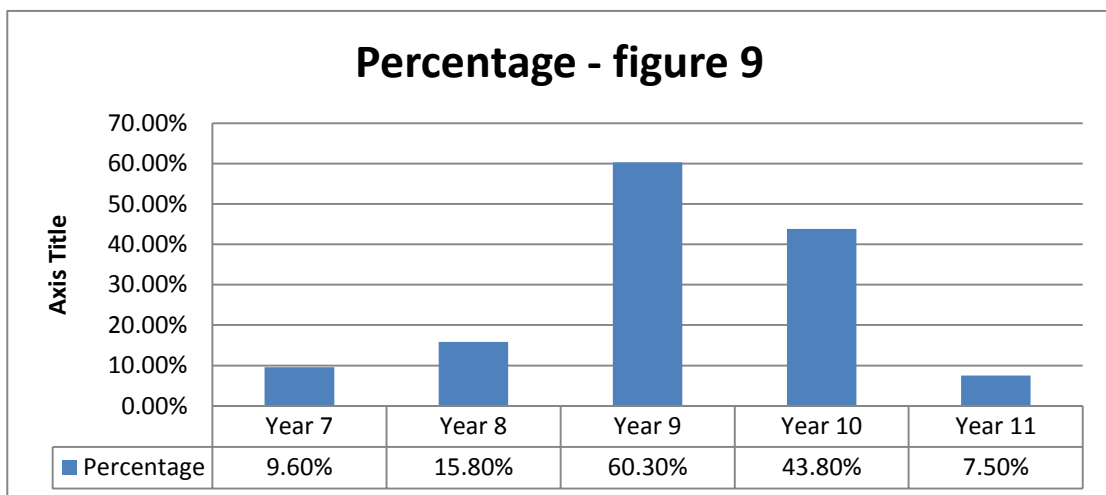
The second section of the questionnaire set out to ascertain what sex and relationship education respondents had received and how they viewed its worth.

The majority of respondents (70.5%) answered that they are in school, the remainder (29.5%) replied that they were not. Schools attended by respondents included: “Phoenix” “Burlington Danes” “Ashcroft” “Fulham College” “Hurlingham” “Bridge Academy” “Lady Margaret”.

As shown in figure 8 the majority of respondents (82.2%) answered that they had received sex and relationship education in school, the remainder answered that they had not (8.2%) or answered that they did not know whether they had or not (9.6%).

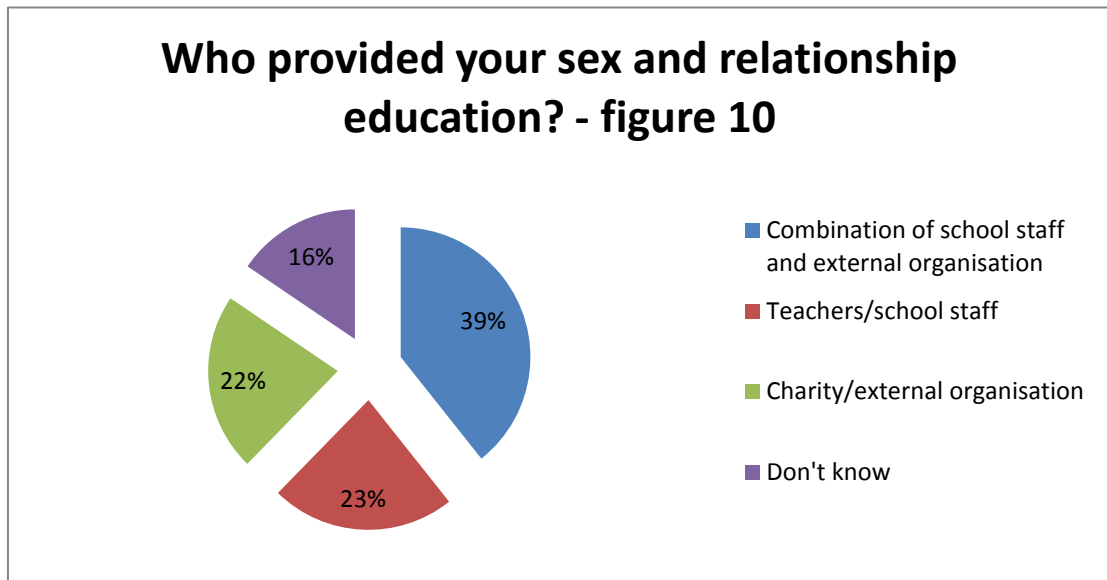


Respondents were asked to select which years they had received sex and relationship education in and were able to choose multiple years, as shown in figure 9 the most popular choice was Year 9 (60.3%), followed by Year 10 (43.8%), Year 8 (15.8%), Year 7 (9.6%), and Year 11 (7.5%). Together Years 9 & 10 represent the vast majority of responses with very few responses falling outside these two years.



When looking at who provided their sex and relationship education sessions, respondents were able to choose from teachers/school staff, charity/external organisation, combination of school staff and external organisation, don't know and I haven't received SRE. As shown in figure 10 the responses to this question were fairly evenly split, with a combination of school staff and an

external organisation (39%) ahead, followed by between teachers/school staff (22.8%) and charity/external organisation (22%), respondents reporting that they don't know who provided their SRE (15.4%), the remainder either skipped the question or reported that they had not received SRE (0.8%) over half of respondents reported some external involvement in providing their SRE (61%).



The questionnaire asked how many sessions on average respondents had received in a year. The most common response given was 4 sessions per year and the median response was also 4 sessions per year.

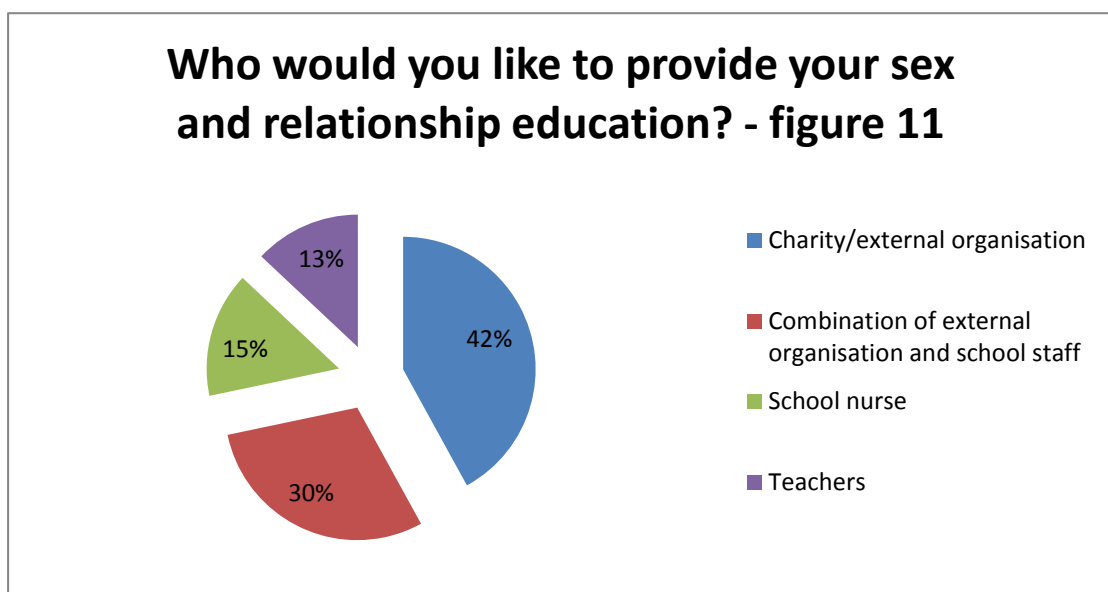
Respondents views on the quality of the sex and relationship education they received were mixed, respondents were asked to score their sex and relationship education sessions out of 10. Looking at all the results together, the most common response given was 7/10 and the median response was also 7/10. However when looking at just those respondents who had chosen charity/external organisation as their SRE provider the most common response was 9/10 and the median response 8/10, alternatively when looking at just those respondents who had chosen teachers/school staff as their SRE provider the most common response was 5/10 and the median response 6/10.

When asked to give their views on what the most valuable topics their sex and relationship education sessions had covered, respondents gave a wide range of answers to this question but the two most common responses were contraception (31.4%) and sexually transmitted infections (11.4%).

### 5.3 Young people’s views on the sex and relationship education they want.

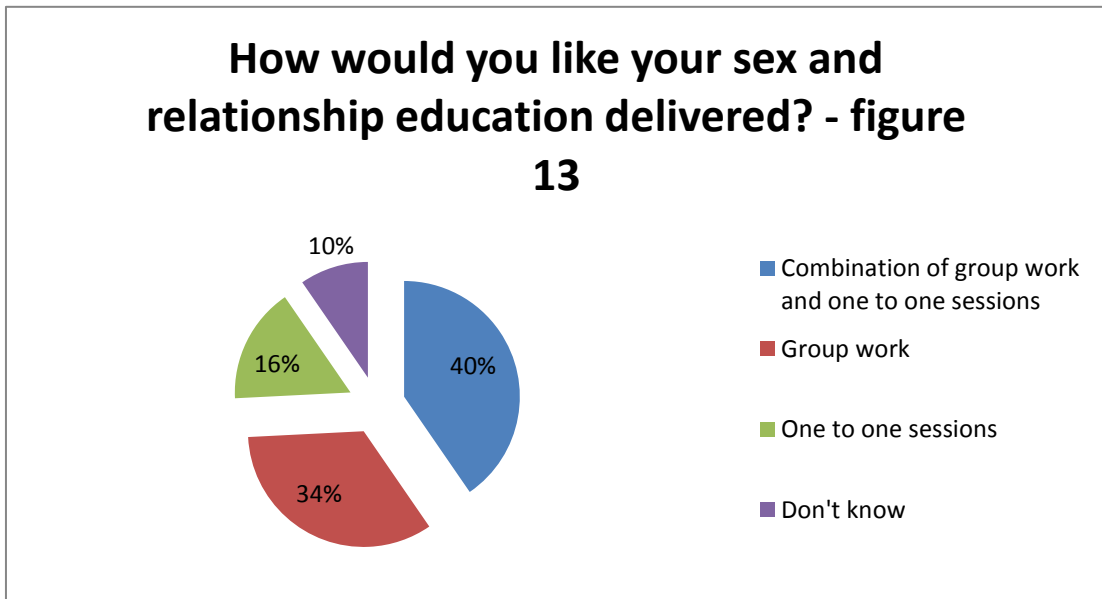
The third section of the questionnaire looked at collecting young people’s views on what form they thought sex and relationship education should take.

The questionnaire began this section by asking who young people would like to provide sex and relationship education. As shown in figure 11 the most common answer to this question by respondents was charity or external organisation (42%) followed by a combination of external organisation and school staff (29.7%). School nurse followed (15.3%) and then teachers (13%), though two respondents did name a specific teacher they would like to continue to deliver SRE, highlighting good practice.



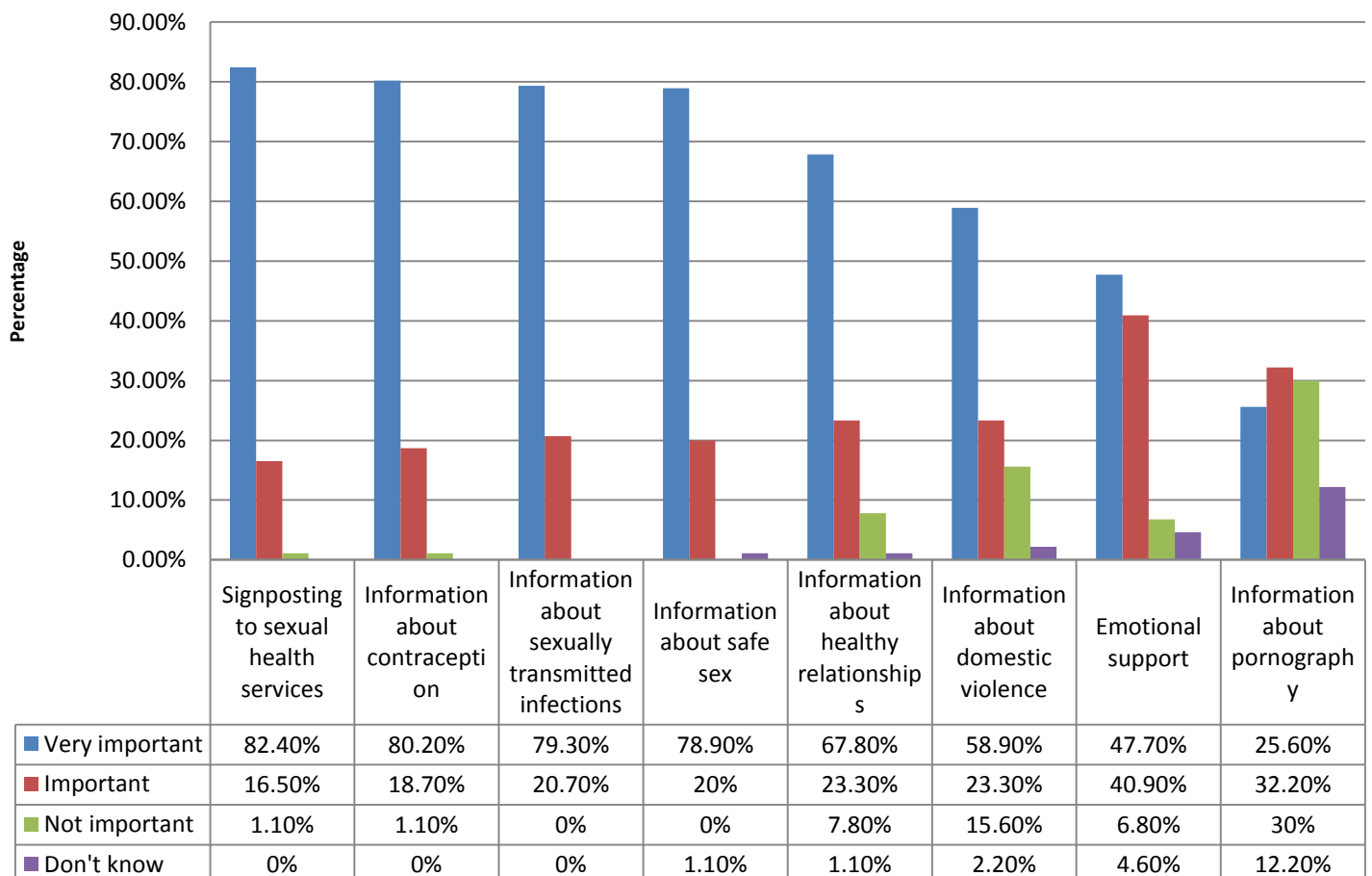
When asked if they thought the age of the person delivering the sex and relationship education was important, a majority of respondents answered yes (63.5%) with a variety of reasons given, including: “Other young people would be good” “An older person would be weird” “easy to relate to” “Young people are better” “Because talking to an older person is awkward” “relate to young people” “I think it is important to have someone who is still young as you can approach them and feel they have faced similar issues recently say in past 5 /10 years” “so they understand my point of view”. Of those who said no (36.5%) they gave the following reasons: “Because with experience comes richness of information” “as long as they are engaging and knowledgeable on the subject” “because what every age if they are mature it doesn’t matter” “it’s not age specific”

When asked about the structure of their sex and relationship education, respondents were able to choose from group work, one to one sessions, combination of group and one to one sessions and don't know. As shown in figure 13 most respondents either chose a combination of group work and one to one sessions (40.4%) or group work (33.8%), a small number chose one to one sessions (16.2%) and a smaller number didn't know (9.6%). A small number of respondents made additional comments, all of which emphasised the need to have someone who young people feel comfortable with deliver SRE.

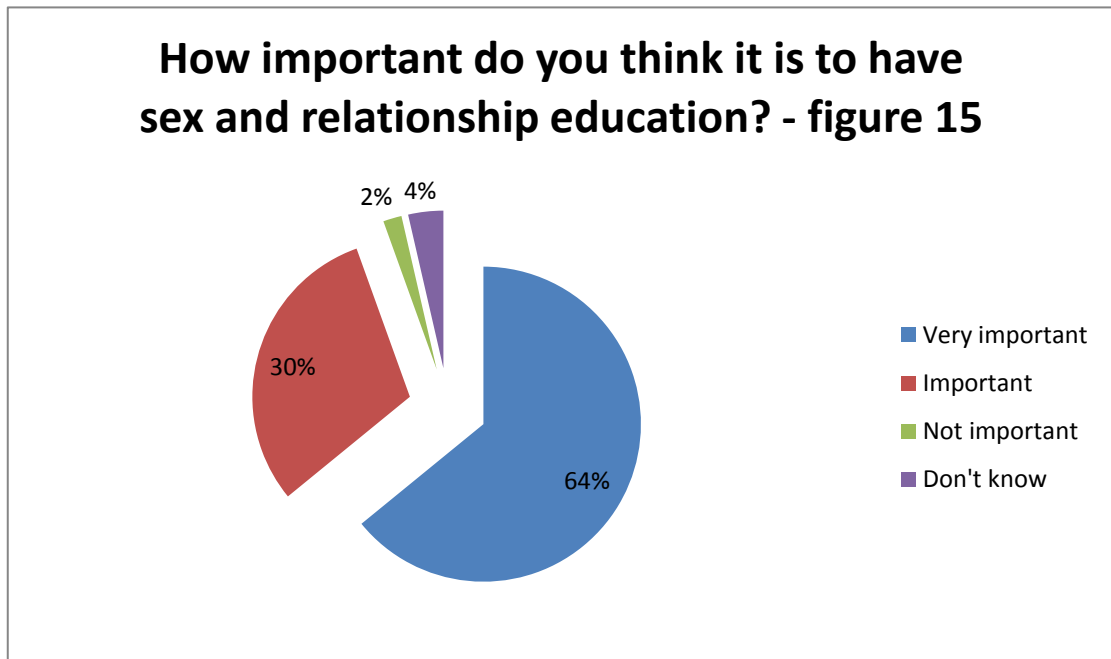


Respondents were asked to rate the following, signposting to sexual health services, information about contraception, information about sexually transmitted infections, information about safe sex, information about healthy relationships, information about domestic violence, emotional support, information about pornography, respondents were able to rate these as very important, important, not important and don't know. As shown in figure 14 the three topics that respondents valued most were signposting to sexual health services (82.4% awarded very important), information about contraception (80.2% awarded very important) and information about sexually transmitted infections (79.3% awarded very important). These were closely followed by safe sex (78.9% awarded very important) and healthy relationships (67.8% awarded very important). There were slightly mixed responses to other topics, domestic violence (58.9% awarded very important, 23.3% awarded important), emotional support (47.7% awarded very important, 40.9% awarded important) and information about pornography (25.6% awarded very important, 32.2% awarded important, 30% awarded not important). Other topics that young people felt were important to include in SRE included: "information about HIV", "abuse" and "Information about sexual orientation". There were slight differences in response when participants were divided by sex but no significant difference.

**How important is it to have the following in SRE? - figure 14a**



As shown in figure 15 a majority of respondents felt it was very important to have sex and relationship education sessions (64.1%), most other respondents felt it was important (30.4%) a very small number of respondents felt it was not important (1.9%) and some respondents did not know (3.6%).



The final part of this section asked respondents if there was anything else they would like to say about sex and relationship education. Comments from respondents included:

*“Good but need more”, “Should be more”, “Its important”, “Not sure when it will happen”, “Should have had more”, “needs to be more frequent”, “teachers shouldn’t be involved”, “have specialists in the area go into schools”, “not sure when it will happen”, “Its important”, “I didn’t receive it”, “it would have been good to have received it in year 7/8”, “I believe most schools should do it in year 6 now” “I think it would be good to be taught about the body as well as sex”.*

#### **5.4 Young people’s knowledge**

The final section of the questionnaire looked at the knowledge young people had about sexual health services locally. The first question of this section asked if respondents knew where to go to get tested for a sexually transmitted infection. A majority of respondents answered yes to this question (67.8%), when asked where they would go the vast majority specified a sexual health clinic (60%), the remainder specified GPs and hospitals.

When the above was broken down to look at those respondents who stated they had received sex and relationship education and those that hadn’t there was little difference in the percentage of respondents answering yes to this

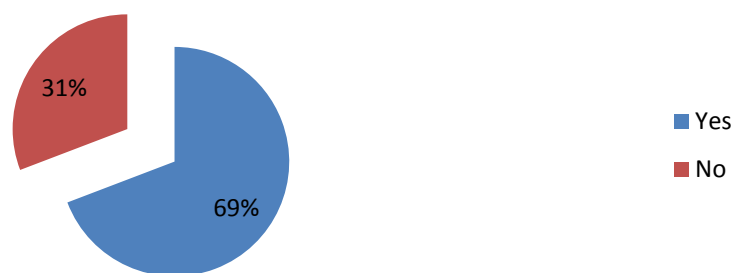
question. However when asked where they thought they could get tested very few respondents who had not received SRE were able to specify a service, 4.6 % compared to 38.5% for those who had received sex and relationship education.

When broken down to look at who provided respondents sex and relationship education those where it was provided by teachers had a lower percentage answering yes (59.3%, figure 16b) than those who received their sex and relationship education from an external provider (69.2%, figure 16c)

**Do you know where to get tested for a sexually transmitted infection (SRE provided by teachers) - figure 16b**



**Do you know where to get tested for a sexually transmitted infection (SRE provided by external agency) - figure 16c**



In terms of where to get tested for a sexually transmitted infection. Again a majority of respondents answered yes to this question (70.1%). As above, when respondents are broken down by who provided their sex and relationship education, those who had their sex and relationship education provided by teachers/school staff had a lower yes percentage (62.5% figure

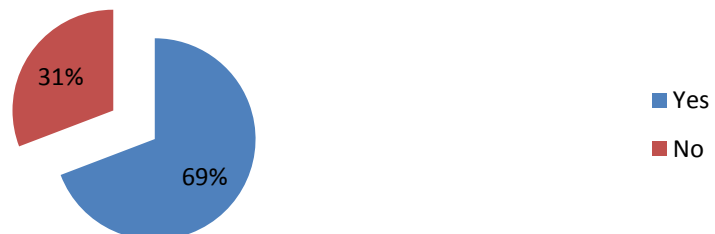


17b) than those who had their sex and relationship education provided by an outside agency (69.2% figure 17c)

**Do you know where to get tested for a sexually transmitted infection (SRE provided by school staff) - figure 17b**



**Do you know where to get tested for a sexually transmitted infection? (SRE provided by an external agency) - figure 17c**

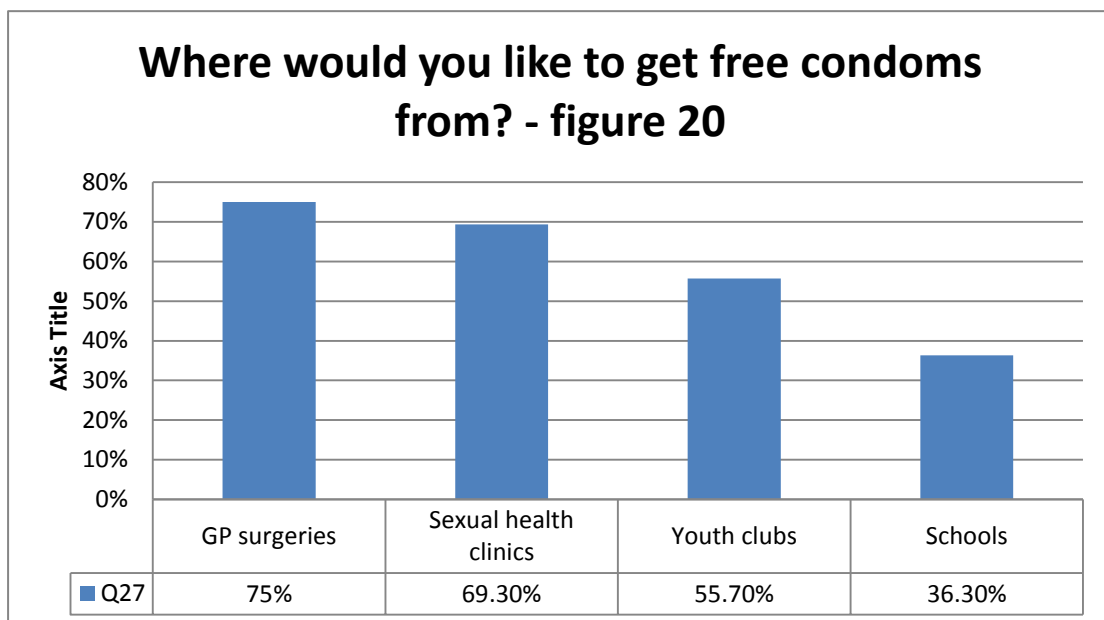


Moving on to if respondents had ever been shown how to use a condom properly. A small majority of respondents (56.8%) answered yes to this question. When looking at those respondents that had received SRE a similar percentage had been shown how to use a condom properly those who hadn't received sex and relationship education. Similarly there was little difference between those who had their sex and relationship education provided by teachers compared to provided by an outside agency.

When assessing if respondents knew where to get free condoms from. Again a small majority of respondents (55.7%) answered yes to this question, when asked where they think they can get them from, the most popular choice of respondents was sexual health clinics (50.9%), followed by GP surgeries

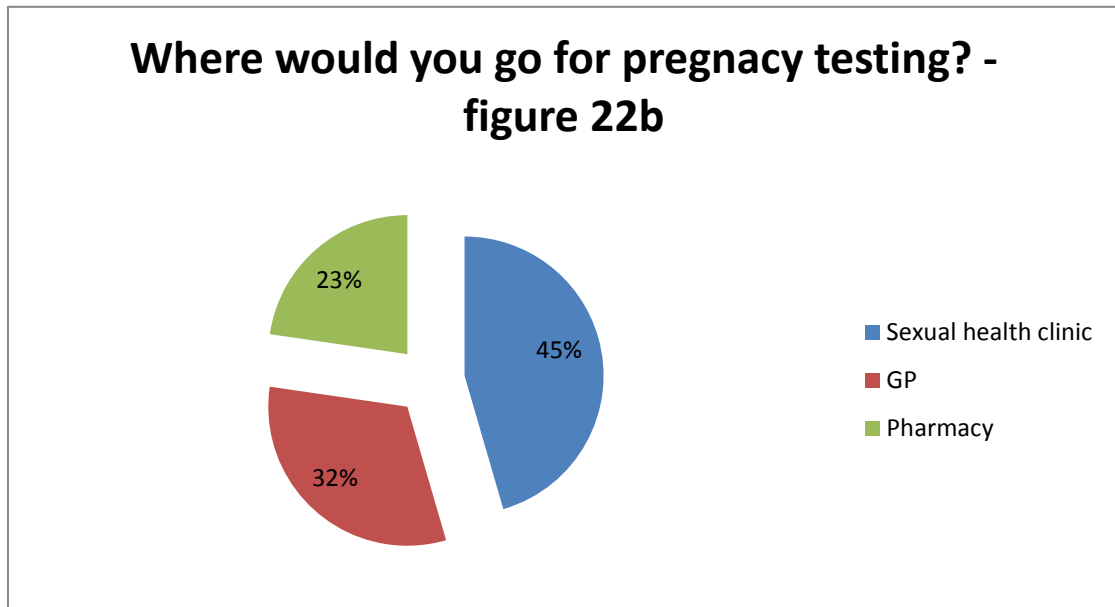
(33.7%) then equally school (7.7%) and Connections (7.7%). When broken down to look at those who had received sex and relationship education and those that hadn't there was little difference in the percentages answering yes to this question, however the percentage able to specify a service where they could receive free condoms was higher for those who had received sex and relationship education (36.3%) than for those that hadn't (8.7%).

The questionnaire followed this up by asking respondents where they would like to get free condoms from, respondents were able to choose from GP surgeries, sexual health clinics, youth clubs and schools, respondents were able to select multiple options. As shown in figure 20 the most popular choice of respondents was GP surgeries (75%), followed by sexual health clinics (69.3%), then youth clubs (55.7%) and finally schools (36.3%). A significant number of respondents also specified "community projects" as somewhere they would like to get free condoms from.



When asking respondents if they knew where to access emergency contraception, a significant majority responded no to this question (63.2%), of those that responded yes, they specified the following places they believed they could access emergency contraception, sexual health clinic (52.9%) and pharmacy (47.1%).

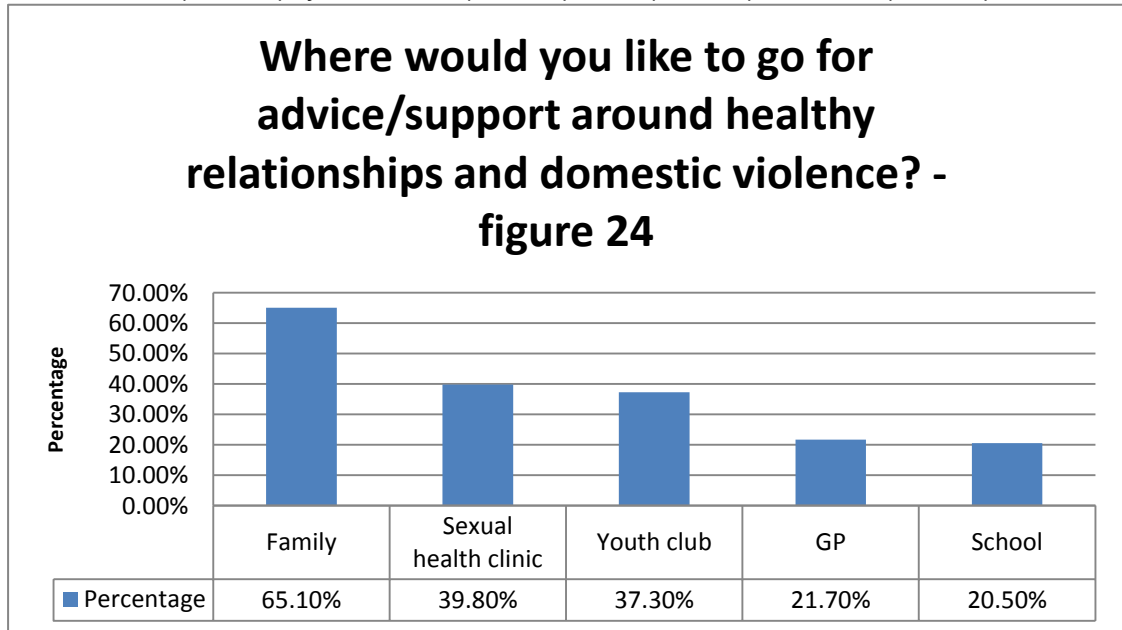
The questionnaire then asked respondents if they knew where to go for pregnancy testing. As shown in figure 22a a majority responded yes to this question (54.7%), when asked where they would go (see figure 22b) the most popular response was a sexual health clinic (45.5%), followed by your GP (31.8%) and then pharmacy (22.7%).



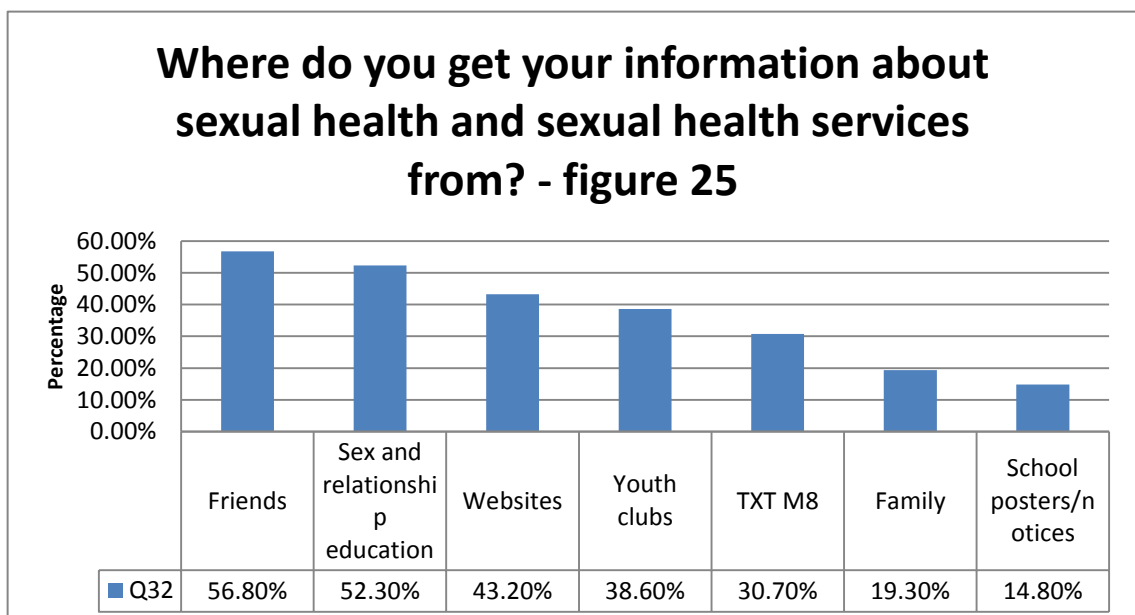
Respondents were asked if they knew where they could go for advice/support around healthy relationships and domestic violence. As shown in figure 23 a large majority of respondents (77.6%) answered no to this question, of those who answered yes they specified GPs and families as places they would go for advice/support.

The questionnaire then followed this up by asking respondents where they would like to go for advice/support around healthy relationships and domestic violence.

Respondents were able to give multiple responses to this question, as shown in figure 24 the most popular response was family (65.1%) followed by sexual health clinic (39.8%), youth club (37.3%), GP (21.7%), School (20.5%).



Finally the questionnaire asked respondents where they got the majority of their information about sexual health and sexual health services from. Respondents were able to give multiple responses to this question, as shown in figure 25 the most popular choice was friends (56.8%), closely followed by sex and relationship education (52.3%), then websites (43.2%), youth clubs (38.6%), TXT M8 (30.7%), family (19.3%) and finally school posters/notices (14.8%).



## 5.6 Focus Group Comments

Healthwatch took part in a young people's service user engagement event at the West London Centre for Sexual Health at Charing Cross Hospital, hosting two workshops and taking part in a larger debate session, we used a series of focus group questions to explore young people's experiences of sex and relationship education and how they thought sex and relationship education could be improved, in addition we took these questions on outreach sessions to youth clubs / youth centres. In total at both the West London Centre for Sexual health event and on our outreach visits we collected the responses of 35 young people (all aged 14 to 18 years) to our focus group questions.

### **What was good about the sex and relationship education (SRE) you received?**

The young people we spoke to reported that they felt that their SRE had worked well when the sessions had focused on experiences and situations that young people could relate to.

*"Used real life scenarios"*

*"talked about things we did"*

Young people also felt that they gained a lot from drop in sessions being made available to them.

*"Drop in sessions were great"*

*"Good to be able to see someone when you need to"*

### **What was bad about the sex and relationship education (SRE) you received?**

The age of those delivering SRE was highlighted as a concern for the young people we spoke to

*"The people taking the lessons were too old"*

*"Older people delivering our SRE wasn't good"*

Young people also showed concern about their experiences of mixed sex sessions.

*"Mixed boys and girls didn't work"*

*"It was uncomfortable having the lessons with boys"*

## **How could sex and relationship education be improved?**

Young people we spoke to indicated that they thought SRE could be improved if it was delivered by external people rather than teachers or other school staff.

*“No teachers/outside organisations”*

Young people also felt that SRE should engage with them using real life situations/experiences, people they could relate to, and well known issues.

*“Focus on role models in media and life”*

*“Should link in to stories in the wider media, particularly around bullying and exploitation”*

*“Have speakers with real life experience”*

*“Include more information on gangs and exploitation”*

It was also seen as important to have appropriate communication in SRE sessions focusing on making them informal, relaxed settings.

*“The way you communicate is really important “*

*“Sessions should be informal”*

*“Should relieve the pressures on young people”*

Single sex sessions were also identified by young people as something they would like to see, to make the sessions more comfortable and address issues specific for boys and girls.

*“Working with boys around acceptable behaviour”*

*“Should work specifically with girls around what they should expect from sex and relationships”*

*“Sessions should be single sex”*

Young people also identified a series of topics they felt should be the focus in SRE sessions.

*“More info and awareness about FGM”*

*“Should focus on bad relationships”*

*“Should try and build resilience in children”*

*“Should offer relationship support especially around violent relationships”*

*“Should go into more depth around STI’s”*

*“Should look at how to build a good relationship”*

*“Condoms and other contraception should be promoted”*

*“Emotional support is important”*

*“Don’t just focus on pregnancy”*

Young people we spoke to also identified mental health and emotional wellbeing as key areas SRE should link in with.

*“Should link in with mental health”*

*“Should link in with self-harm and CAMHS”*

*“Should try and improve self-esteem”*

*“should look at how sexting effects us”*

Involving and communicating with parents and young people’s families was also identified as important.

*“Working with parents”*

*“Support for families and parents”*

## **6. Conclusions and recommendations**

### **Conclusion**

The study has highlighted a key number of areas of potential concern and recommendation. Firstly the wide spectrum of views and the willingness of young people to contribute their views and experiences to this study highlights the opportunities and worth of future engagement with young people.

In conclusion we can see that whilst the vast majority of respondents received sex and relationship education it is not universal, the delivery of sex and relationship education also seems to be inconsistent, in terms of who delivers it, in what years it is delivered, how many sessions a year young people receive and the reported quality of sex and relationship education.

Looking forward, a majority of respondents seemed quite clear about having at least some provision from external organisations, though it’s important to note that a significant minority were in favour of school staff (either teacher or

school nurse) continuing to deliver sex and relationship education. A wide variety of forms of delivery is also popular (including group sessions, one to ones and drop ins) as well as a wide variety of content, respondents indicated that sex and relationship education should go beyond the core content of safe sex, STI's, contraception and healthy relationships and also include support around domestic violence, sexuality, emotional well being, mental health, pornography and new technology. Respondents almost unanimously recognise the importance of sex and relationship education, and many call for more and wider provision.

The study revealed some striking gaps in young people's knowledge, the most worrying being around knowledge of where to access free condoms and where to access support around healthy relationships and domestic violence, though all the gaps are worrying considering the vast majority of respondents had received sex and relationship education. It is also particularly interesting that only just over half of the respondents indicated that they received information about sexual health and sexual health services from sex and relationship education, this could indicate a significant gap.

## **Recommendations**

The following recommendations are points we believe local commissioners should take into account when evaluating, planning and designing sexual health priorities that include sex and relationship education.

### **For Tri-Borough public health commissioners:**

The Tri-Borough Public Health team should consider the following when commissioning new sexual health services for young people:

1. Ensure external providers have a place in delivering sex and relationship education, in light of young peoples expressed wishes to have external provision.
2. Ensure adequate signposting to condom distribution, STI testing services and emergency contraception provision both in sex and relationship education and wider.
3. Utilise all available information forms/pathways that young people also use to spread key messages around sexual health and healthy relationships, e.g. websites, youth clubs etc.
4. Ensure that free condoms are available at the places young people have requested.
5. Ensure that when school nursing services are commissioned that they reflect young people's wishes around sex and relationship support.



**For the Hammersmith and Fulham Health and Wellbeing Board:**

The Health and Wellbeing Board should take these findings into account when considering how to implement the 'supporting young people into healthy adulthood' and 'better sexual health across the Tri-Borough with a focus on those communities most at risk of poor sexual health' priorities of the Hammersmith and Fulham health and Wellbeing strategy 2013-2015:

6. Quality assure the content of sex and relationship education and standardise content where ever possible.
7. Include the use of peer networks, peer teaching and peer learning to spread key messages and information around sexual health and healthy relationships, in forthcoming health and well being strategies.

**For Hammersmith and Fulham Clinical Commissioning Group (H&F CCG):**

8. H&F CCG should support the availability of free condoms at GP surgeries in Hammersmith and Fulham.

**For schools:**

9. Sex and relationship education and support should be offered throughout the school year as and when young people need it.
10. Give more prominence to information around healthy relationships and domestic violence in sex and relationship education.
11. Schools should look to partner with external providers to reflect young people's wishes and ensure better quality sex and relationship education.
12. When sex and relationship education is provided by teachers / school staff ensure that teachers receive appropriate training to be able to effectively deliver sex and relationship education.
13. Include families in sex and relationship education where appropriate.
14. Link in sex and relationship education to wider emotional and mental well being, ensure that support is available for young people in these areas.

Appendix 1

## **Sex and Relationship Education (SRE) survey.**

Thank you for taking the time to complete this short questionnaire, your answers will help us understand what services are needed locally for young people like you. This survey is being carried out by Healthwatch Central West London, we are the new consumer champion for everyone who uses health and social care services, we exist to listen to local people about their experiences of health and social care services and to ensure their voices are heard.

We are trying to find out what young peoples experiences of sex and relationships education (SRE) are and what kind of SRE young people think would work best in the future. We are also trying to find out what young peoples experiences of using sexual health services are, this questionnaire is voluntary and all the information collected is anonymous.

We will use this information to write a report to be delivered to local commissioners who are responsible for sexual health services, the information in the report will help them to:

- improve sexual health and relationship education (SRE) within schools locally
- improve access and signposting to services for young people
- improve existing services to meet your needs

Everyone completing the questionnaire will be entered into a prize draw for the chance to win one £100 Westfield gift voucher.

If you have any questions or comments about this survey you can contact Healthwatch on 0208 969 4852 or e-mail: [sam.wallace@hestia.org](mailto:sam.wallace@hestia.org)

**1. Age**

**2. Gender**

Male

Female

Other (please specify)

**3. Sexual orientation**

Heterosexual

Homosexual

Bisexual

Other

Would rather not say

**4. Ethnicity**

**5. First two or three digits of post code e.g. W1 or SW6**

**6. Have you used any sexual health services in the last 12 months?**

Yes

No

**7. If yes where?**

**8. What did you think of these services?**

**9. Are you currently in School**

Yes

No

If yes, which school?

**10. Have you received Sex and Relationship Education (SRE) in school?**

Yes

No

Don't Know

**11. If yes, in which years did you receive SRE?**

Year 7

Year 8

Year 9

Year 10

Year 11

I haven't received SRE

**12. Who provided your SRE?**

Teachers/School Staff

Charity

A combination of teachers and Charity

Don't know

I haven't received SRE

**13. On a scale of 1 to 10 how would you rate your SRE?**

**14. Can you remember how many sessions of SRE you received in one year?**

**15. What part or parts of your SRE did you find most useful?**

**16. Who would you prefer to provide your SRE?**

Teachers

School nurse

Charity / external organisation

Combination of teachers and charity / external organisation

Don't know

Other (please specify)

**17. Do you think the age of the person delivering the SRE is important?**

Yes

No

Why?

**18. How would you like your SRE provided?**

In groups

One to one

A combination of group work and one to one

Don't know

Other (please specify)

**19. How important is it to have the following in SRE?**

	Very Important	Important	Not important	Don't know
Information about pornography				
Information about sexually transmitted infections				
Signposting to sexual health services				
Information on safe sex				
Information about contraception				
Information about healthy relationships				
Information about				



domestic violence				
Emotional support				
Other (please specify)				

**20. How important do you think it is to have SRE sessions?**

- Very important
- Important
- Don't know
- Not important

**21. Is there anything else you would like to say about SRE provision in your school?**

**22. Are you aware of where to get tested for a sexually transmitted infection?**

Yes

No

If yes, where?

**23. Are you aware of where to get treated for a sexually transmitted infection?**

Yes

No

**24. Have you ever been shown how to use a condom properly?**

Yes

No

**25. Do you know where to get free condoms from?**

Yes

No

If yes, where?

**26. Where would you like to get free condoms from?**

School

GP

Sexual health centre

Youth club

Other (please specify)

**27. Do you know where to access emergency contraception?**

Yes

No

If yes, where?

**28. Do you know where to go for pregnancy testing?**

Yes

No

If yes, where?

**29. Do you know where to go for advice/support about violent/abusive relationships?**

Yes

No

**30. Where would you like to go for advice/support about violent/abusive relationships?**

School

Family

GP

Sexual health centre

Youth club

Other (please specify)

**31. Where do you get the information about sexual health and sexual health services?**

SRE lessons

Posters/notices in school

txtm8 (a text advice service)

Youth club/Youth centre

Friends

Family

Websites

Other (please specify)

If you would like to be entered into the prize draw for a £100 Westfield voucher then please enter your name and contact details below.

Appendix 2

**Focus group questions for young people and sexual health survey.**

1. What are your experiences of sex and relationship education (SRE) in school?
  - What was good?
  - What was bad?
  - What for you were the most important things you covered?
  
2. Has SRE helped you understand what sexual health services are available locally?
  - Services for STI screening?
  - Pregnancy testing and advice?
  - Relationship support?
  - Domestic violence services?
  
3. How do you think good SRE is delivered?
  - In groups or one to one?
  - By teachers or outside professionals?
  - On-going and regular, one off or as and when?
  
4. Do you think your SRE has helped you understand:
  - What STI's like chlamydia are and how you get it?
  - What HIV is and how you get it?
  - What safe sex is?
  - What a healthy relationship is?

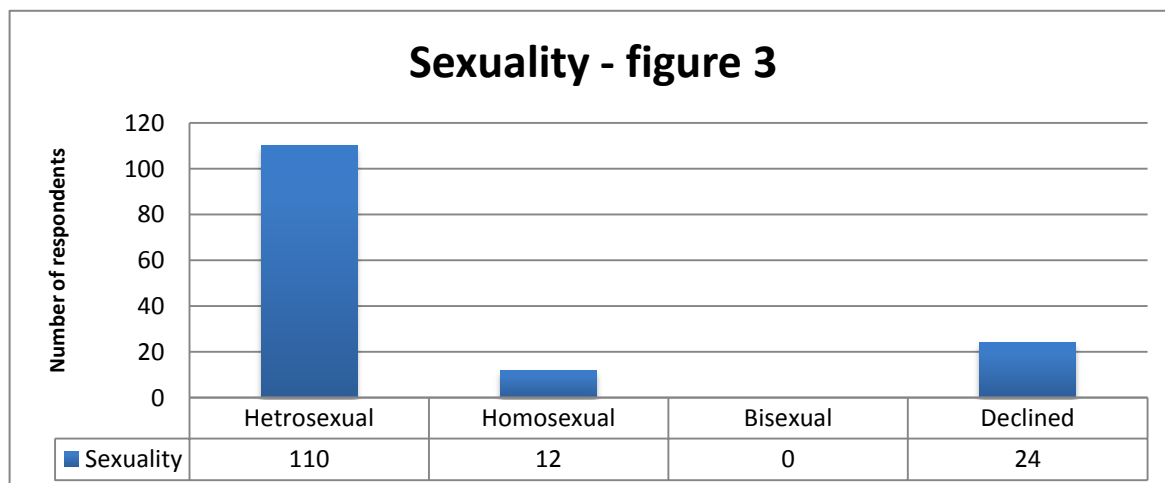
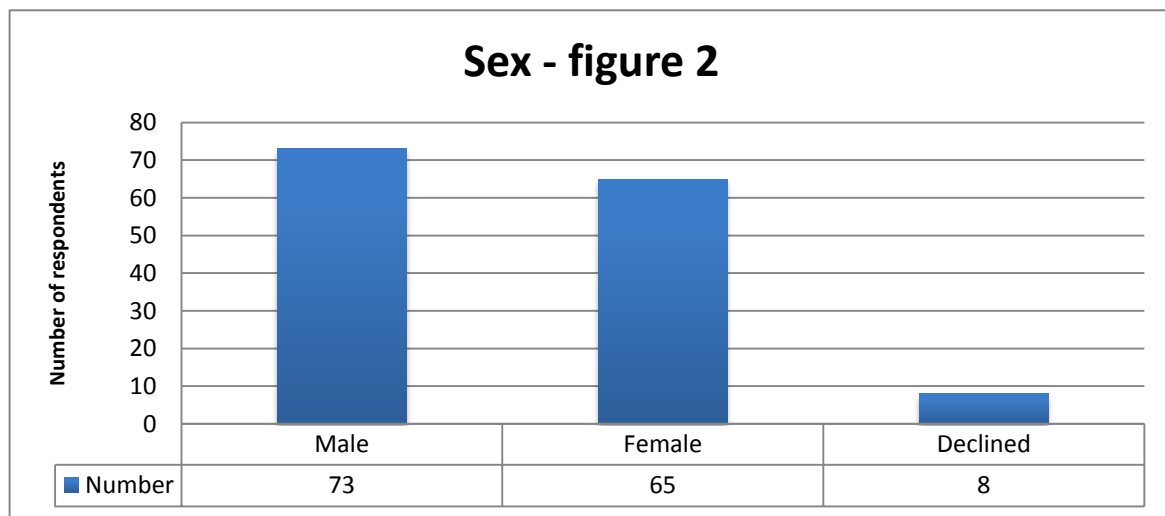
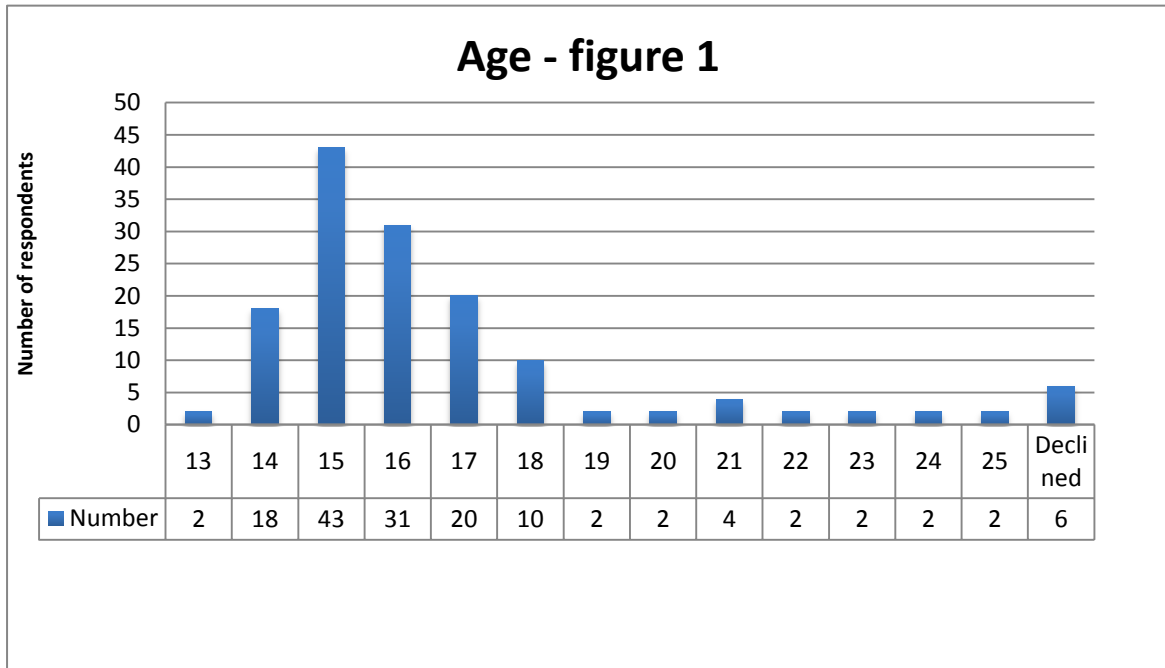
5. Do you have any experience of local sexual health services? (perhaps do this bit one to one and discretely)

- What was it?
- Was it good?
- Was it bad?

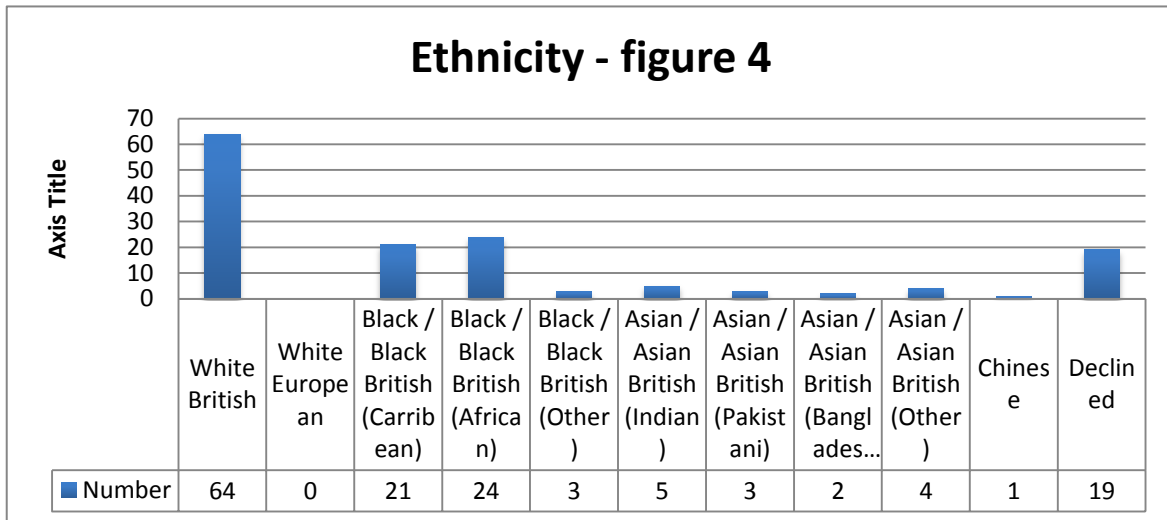
6. Don you know about or used any of the following?

- Txt M8
- Youth Projects International
- Standing Together
- Outside Chance
- Any other third sector sexual health organisation.

Appendix 3 – Respondent demographics charts





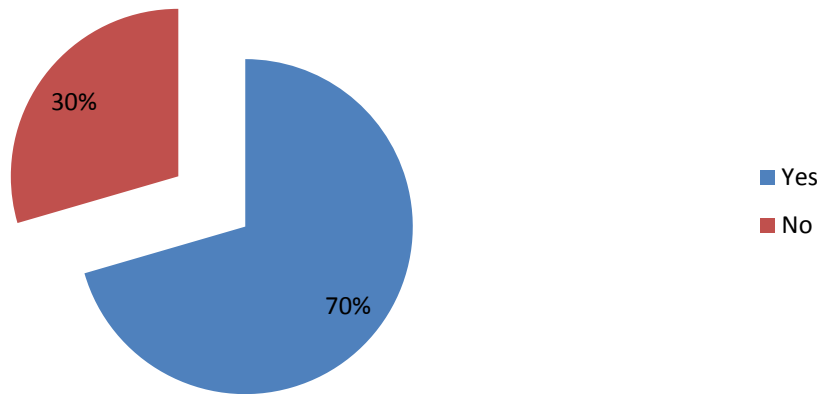


Appendix 4 – Survey results – remaining charts

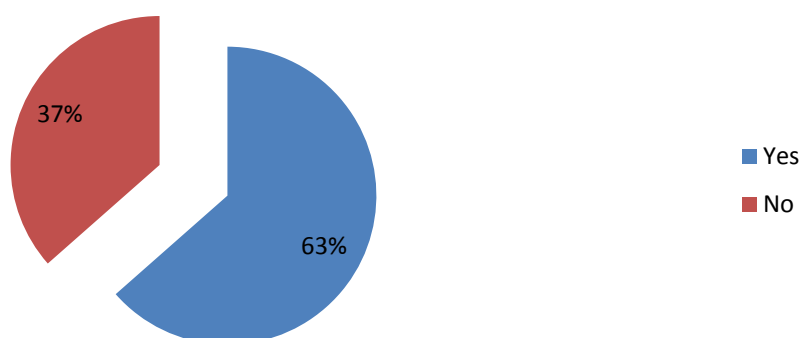
**Have you used sexual health services in the last 12 months? - figure 5**



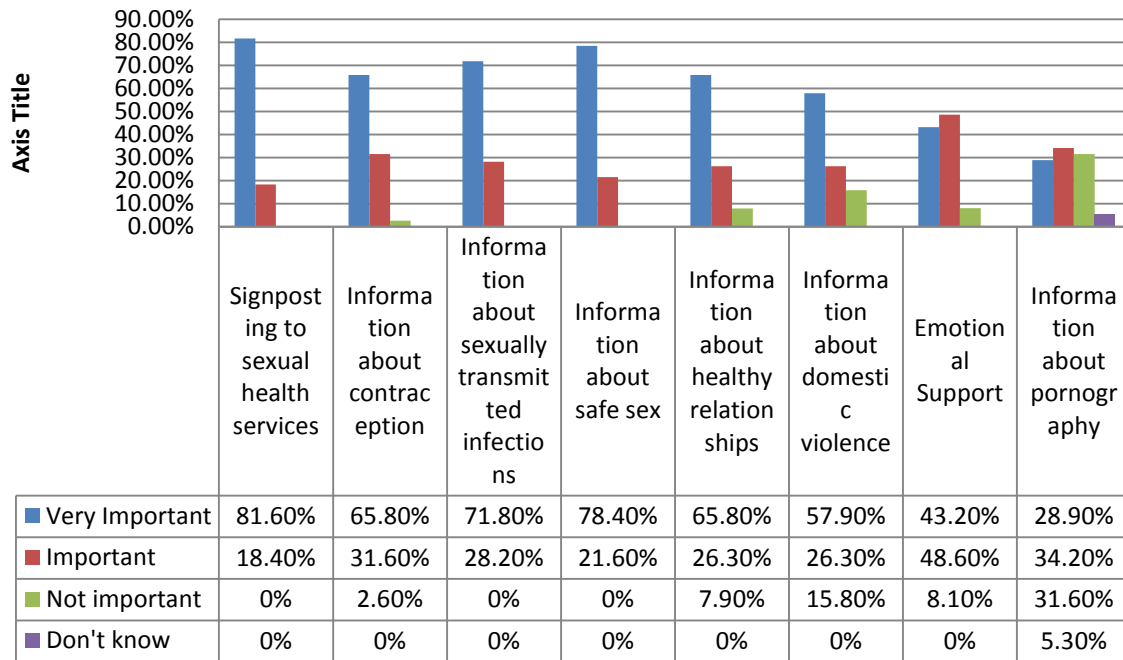
**Are you currently in school? - figure 7**



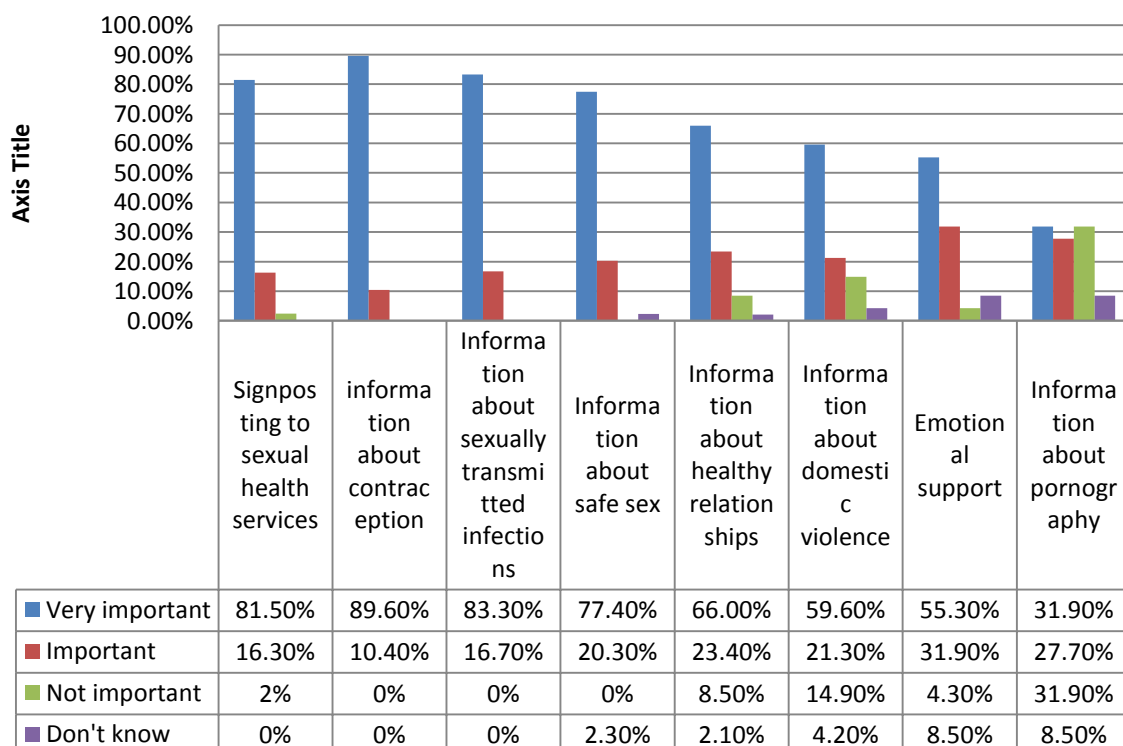
**Is the age of the person delivering the sex and relationship education important? - figure 12**



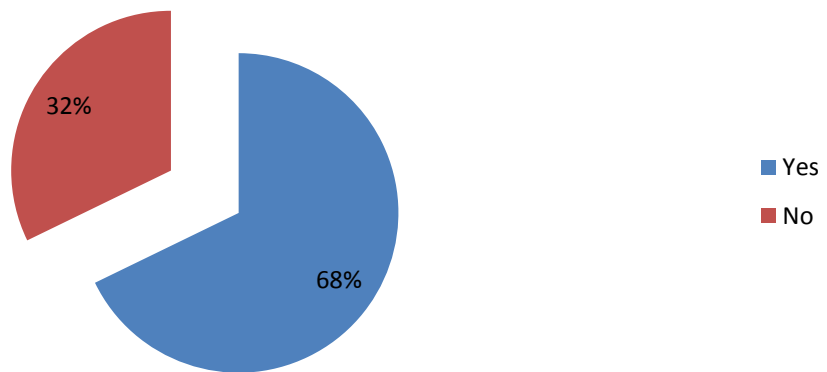
### How important is it to have the following in SRE - Male respondents - figure 14b



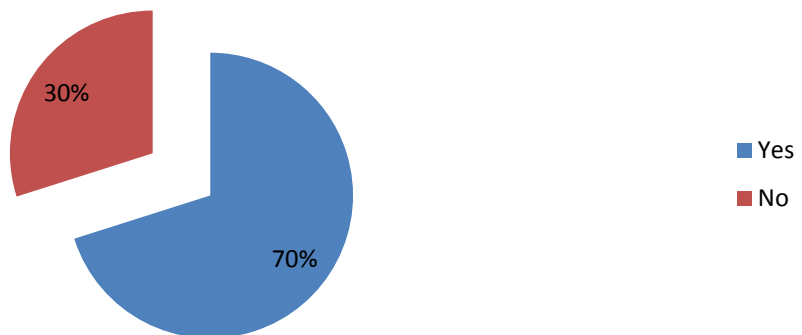
### How important is it to have the following in SRE? - Female respondents - figure 14c



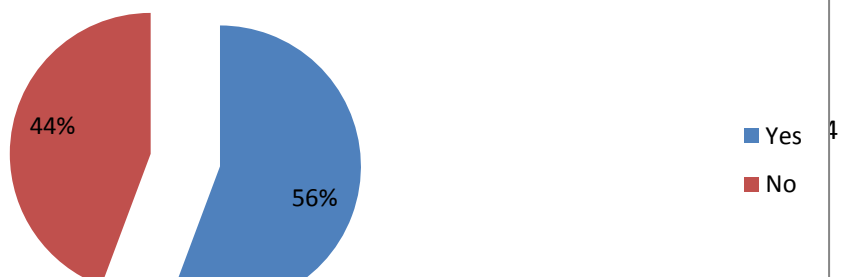
**Do you know where to get tested for a sexually transmitted infection? - figure 16a**



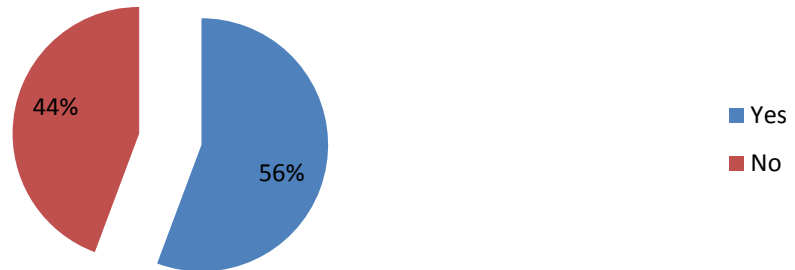
**Do you know where to get tested for a sexually transmitted infection? - figure 17a**



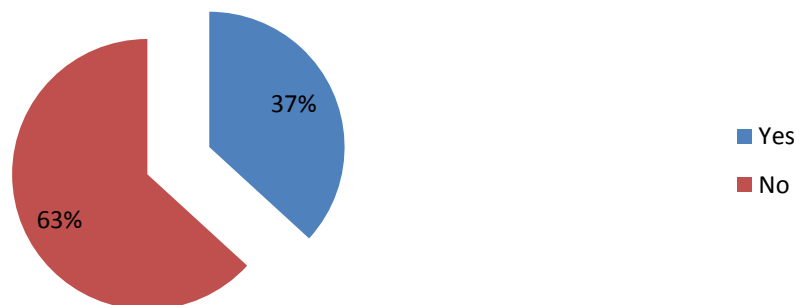
**Have you ever been shown how to use a condom properly? - figure 18**



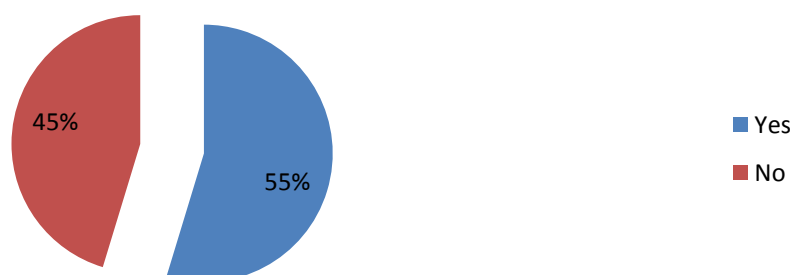
**Do you know where to get free condoms from? - figure 19a**



**Do you know where to access emergency contraception? - figure 21**



**Do you know where to go for pregnancy testing? - figure 22a**



**Do you know where to go for advice/support  
around healthy relationships and domestic  
violence? - figure 23**

